



# TOWN OF CROMWELL



## Municipal Citation Objection Form (Rev. 3/22/2024)

Parking/Motor Vehicle    Snow    Trespass    Alarm    Animal    Zoning    Health    Other

TICKET NUMBER \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

OWNER NAME: (PRINT LEGIBLY!) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_,  
phone \_\_\_\_\_ make the following true and voluntary statement  
knowing that it can and will be used in court. I also understand that making a false  
statement may be punishable by up to 1 year in jail and/or a fine up to \$1000, as stated in  
Sec. 53a-157 of the Conn. General Statutes.

I request a hearing based on the following information. **Objection must be stated below or  
request will be denied.** I understand that if I do not appear at such a scheduled hearing,  
that my request will be denied and that I shall be found Liable for all fines imposed.

I do not request a hearing, however I would like my violation reviewed by a Hearing  
Officer, based on the following information. I understand that such a decision is final and  
cannot be appealed.

Signature of Owner or Operator: \_\_\_\_\_ Date: \_\_\_\_\_

### **SUBMIT THIS OBJECTION FORM WITHIN SEVEN (7) DAYS TO:**

Cromwell Police Department  
Attn: Violation Bureau  
5 West Street  
Cromwell, CT 06416

***NOTE: All correspondence will be sent to the DMV listed owner.  
Registered owner holds ultimate responsibility.***

### **OFFICE USE ONLY:**

Date Objection Received: \_\_\_\_\_ Date forwarded to Hearing Officer: \_\_\_\_\_  
Decision Rec'd: \_\_\_\_\_ Liable    Not Liable    Note: \_\_\_\_\_  
Hearing Date: \_\_\_\_\_ Notice of Assess Letter Mailed \_\_\_\_\_ Sent to Court: \_\_\_\_\_  
Paid Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Check/MO #: \_\_\_\_\_ Cash